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Substitute for Form PTO-875 CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
(Column 1)			· ·			DATE	ccc		RATE	FEE	
FOR BASIC FEE		NUMBE	NUMBER FILED NU		REXIRA	RATE	FEE		RATE	reac e	
(37 CFR 1.16(a)) TOTAL CLAIMS			2	\rightarrow	x \$ =	\$	OR	x \$ =	54000		
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		15 10 10 10 10 10 10 10 10 10 10 10 10 10	70 minus 20 = 1		. 30			OR		60200	
	FR 1.16(b))	10	minus 3 = · /			X \$=		OR	X \$=	COC	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	paid	
CLAIMS AS AMENDED - PART II											
(Column 1)			(Column 2)		(Column 3)	SMALL E	NTITY	OR		R THAN ENTITY	
AMENDMENT A	9/17/04	£:LAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONIAL FEE	
ME	Total (37 CFR 1.16(c))	. 50	Minus	" 50	= /	x \$=		OR	x \$=.		
	Independent (37 CFR 1.16(b))	. 10	Minus	··· 11)	= /	x \$=		OR	x \$=		
AM	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	VT CLAIM (37 CF	R 1.16(d))	+s =	1	OR	+\$ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	•	
		(Column 1)		(Column 2)	(Column 3)			•			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total . (37 CFR 1.16(c))	•	Minus	**	=	x s=		OR	x \$=	3	
AMENDMENT	Independent (37 CFR 1,16(b))	•	Minus	***	=	× s=		OR	x s=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)											
NTC	:	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	× \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	* If the "Highest" If the "Highest I	olumn 1 is less tha Number Previously Number Previously	Paid For Paid For I	IN THIS SPACE N THIS SPACE	is less than 20, is less than 3, e	enter "20".	the engrapsis	to havia a	oluma 1		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.